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2  
3 IN THE UNITED STATES DISTRICT COURT  
4 FOR THE WESTERN DISTRICT OF OKLAHOMA

5 -oOo-

6 (1) PATRICIA THOMPSON, as  
7 personal representative of the  
8 Estate of MARCONIA LYNN KESSEE,

9 Plaintiff,

10 vs.

11 No. CIV-19-113-SLP

12 (1) NORMAN REGIONAL HOSPITAL  
13 AUTHORITY d/b/a NORMAN REGIONAL  
14 HOSPITAL, a public trust, et al.,

15 Defendants.

16 =====

17 VIDEOTAPED DEPOSITION OF

18 KATHRYN WILD

19 June 7, 2021

20 Reno, Nevada

21 EXHIBIT

22 11

23 Reported by:

24 DIANNE M. BRUMLEY, NV CCR #205  
25 California CSR #6796

1 seizure?

2 MR. YOUNG: Object to the form.

3 THE WITNESS: I don't know what he was  
4 anticipating was going to happen. You can't just put  
5 those -- we don't know what was going on.

6 BY MR. HAMMONS:

7 Q Well, you'd agree Marconia Kessee would have to  
8 know this technique so he could know how to fake it?

9 A No, not necessarily.

10 Q Now, you'd agree with me that this situation  
11 that we see with Clayton Rickert and Marconia is much  
12 different than the typical situation where inmates are  
13 coming to a nursing staff and saying I'm having  
14 seizures, I had a seizure today, or trying to -- that  
15 kind of situation is very different than what we see in  
16 Marconia's situation, is it not?

17 MR. YOUNG: Object to the form.

18 THE WITNESS: I'm not sure I understand the  
19 question. Mr. Kessee did not come to the nurse and say,  
20 I had a seizure or I'm having a seizure, so I'm not  
21 really sure what you're asking me.

22 BY MR. HAMMONS:

23 Q Yeah, it's not a very good question. I agree.

24 Based on Dr. Keller's article, when Marconia  
25 didn't react for those nine seconds, he could

1 potentially have been unconscious, true?

2 MR. YOUNG: Object to the form.

3 THE WITNESS: He could, but, you know, nine  
4 seconds is a very brief period of time. Holding your  
5 breath for that amount of time is quite simple.

6 BY MR. HAMMONS:

7 Q I understand, but like I said, I've had medical  
8 working on me and I was unconscious for seconds and they  
9 used it to revive me or wake me up. I certainly  
10 wasn't -- I might have been holding my breath while I  
11 was unconscious, but I certainly wasn't holding my  
12 breath, so in these particular situations Marconia could  
13 have just been simply unconscious for nine seconds,  
14 true?

15 MR. YOUNG: Object to the form.

16 MR. LAFFERRANDRE: Object to the form.

17 THE WITNESS: I don't know that we know that.

18 BY MR. HAMMONS:

19 Q Clayton Rickert didn't know it, either, did he?

20 MR. YOUNG: Object to the form.

21 THE WITNESS: Right.

22 BY MR. HAMMONS:

23 Q Also, in that article, Dr. Keller says that a  
24 problem -- that the problem is that many medical  
25 practitioners do not know how to use ammonium capsules

1 properly and if improperly used, they could be  
2 ineffective, misleading, and even worthless.

3 Here we know, at least according to Turn Key,  
4 Clayton Rickert had no training from Turn Key about  
5 using these ammonium packets, true?

6 A Right, he had no training from Turn Key.

7 Q And we know from Clayton Rickert's own  
8 testimony that he didn't even know the purpose of  
9 using -- the actual regular use of ammonium capsules,  
10 true?

11 MR. YOUNG: Object to the form.

12 THE WITNESS: I'm not sure what his response  
13 was at that part of the deposition, but he did know this  
14 is a tool that you'll use when you come upon a patient  
15 that you feel is unresponsive or perhaps having a  
16 seizure.

17 BY MR. HAMMONS:

18 Q In the video that you watched where he did this  
19 to Marconia, did you ever see Marconia turn away and  
20 start coughing after he shoved that ammonium capsule in  
21 his face?

22 A Gosh, it's been awhile since I've seen it. He  
23 did -- I believe he did turn away. I don't know if he  
24 was coughing or not.

25 Q Now, later in the article, Dr. Keller, again he

1 points out that you should not even remotely imply that  
2 you believe a patient is faking. Get rid of that  
3 notion, that's what he says. Do you agree with him?

4 A I agree that faking and malingering, those  
5 particular terms in a healthcare setting are not the  
6 best terminology, yeah, I agree with him.

7 Q And they're not just not the best terminology,  
8 they're dangerous?

9 MR. YOUNG: Object to the form.

10 THE WITNESS: They can be.

11 BY MR. HAMMONS:

12 Q When we label somebody a faker, it changes our  
13 perspective on those people and we don't give their  
14 symptoms any credibility at all sometimes?

15 MR. YOUNG: Object to the form.

16 THE WITNESS: I don't believe that is strictly  
17 as cut-and-dried as that. I believe that you still need  
18 to follow-up with your patient, gather as much  
19 information as you can.

20 BY MR. HAMMONS:

21 Q Do you think Rickert gathered as much  
22 information as he could in that initial video that you  
23 saw with his interaction with Marconia?

24 A Based on the inmate's behavior at that point in  
25 time, he wasn't able to do any more than a visual

1 was being questioned about assessing a patient, his take  
2 on assessment was kind of equal to diagnosis. He can't  
3 diagnoses. He can collect data, he can collect  
4 subjective and objective data.

5 BY MR. HAMMONS:

6 Q What -- during the course of his interaction on  
7 body cam, what subjective information did he get from  
8 Marconia Kessee?

9 A Not much, because this arrestee at this point  
10 in time was carried into the jail by police officers and  
11 Nurse Rickert was told that this behavior had started as  
12 soon as he was told to leave the hospital, so the  
13 subjective part of that is what Nurse Rickert is  
14 gathering, not just from the patient, but from those  
15 individuals that had information about what was going on  
16 before his arrival at the jail.

17 Q Are you saying that subjective complaints in  
18 this case came from Officer Brown and not Marconia  
19 Kessee?

20 A Right.

21 Q Probably should have got some of the subjective  
22 complaints from Marconia, true?

23 A Right, but at the time he wasn't answering  
24 questions.

25 Q What questions did he not answer?

1           A     Well, number one, remember, the guards were not  
2 letting him answer questions.

3           Q     That's true.

4           A     And the nurse -- when you asked me earlier  
5 about teamwork, it's all about when is the nurse able to  
6 do his or her screening based on what's going with the  
7 security end of the facility, so Nurse Rickert, I didn't  
8 see him have any time or ability to do his screening,  
9 and remember, Dr. Cooper said that the medical screening  
10 doesn't usually occur until after the patient or the  
11 inmate has been booked, and this inmate had not been  
12 booked yet.

13          Q     Do you know what the book-in process is like at  
14 Cleveland County Detention Center?

15          A     Only from the deposition transcripts, that they  
16 get booked and then they are taken into a medical  
17 screening room where they're given some privacy to  
18 answer questions, so only from depositions.

19          Q     Right. They get a pair of shoes, right, from  
20 the Cleveland County jail, they get a pair of shoes?

21          A     I think they get a jail uniform as well.

22          Q     And this medical screening room was probably  
23 eight feet away from Marconia Kessie and Clayton  
24 Rickert, true?

25          A     Right, but, you know, Clayton Rickert had to

1     rely on the officers to bring him into the screening  
2     room.

3           Q     So he didn't get an opportunity to do his  
4     evaluation based on that?

5           A     Right, based on his -- Clayton Rickert's  
6     understanding that the patient had just been cleared at  
7     the hospital, had become uncooperative and wasn't -- he  
8     wasn't ready to be screened at this point in time.

9           Q     What subjective information or -- what  
10    questions did Marconia not answer of Clayton Rickert?

11          A     None. He didn't have an opportunity to ask the  
12    screening questions.

13          Q     He didn't ask anything, did he?

14          A     No.

15          Q     As a matter of fact, I mean, you've read his  
16    deposition, I spelled out what the words he said. Most  
17    of it was barely a complete sentence, true?

18               MR. YOUNG: Object to the form.

19               THE WITNESS: Right, and you have to understand  
20    in these situations where there's a lot of commotion,  
21    there's a lot of different officers, the patient is not  
22    cooperating which is what Clayton Rickert is being told,  
23    it's a difficult situation.

24    BY MR. HAMMONS:

25          Q     You think that was difficult for Clayton



1 or inmate.

2 Q So this is the exact scenario I'm asking you  
3 is: As for training purposes, this piece of video  
4 footage you could tell your students when you have this  
5 limited information and an officer tells you  
6 information, you can rely on it and this is a perfectly  
7 good intake process, what we see in the video footage,  
8 you would have no problem doing that?

9 MR. YOUNG: Object to the form.

10 THE WITNESS: No. What I would say is these  
11 are the kind of situations you're going to come across  
12 in a correctional setting where you're going to get  
13 patients that are coming in uncooperative and you're  
14 going to get information that's provided to you from  
15 third parties, just so people are aware that, you know,  
16 it isn't always what it seems.

17 BY MR. HAMMONS:

18 Q Right, and that's why we have medical  
19 procedures and intake procedures to make sure of those  
20 situations before we assume somebody is faking?

21 A And they did have medical procedures and the  
22 medical procedure there was you would do the health  
23 screening as soon as the person was booked and he hadn't  
24 gotten to that point yet.

25 Q Page 13 of Exhibit 8.

1 statements from everybody.

2 "On arrival into the intake, inmate was able to  
3 stand without assistance." That probably weighed on --  
4 I mean, do you agree with me that that didn't happen?

5 A Right, and I think Mr. Rickert's testimony in  
6 his deposition was that he was confused. Remember,  
7 everybody was seeing this from different angles. Who  
8 knows what he actually -- how he actually witnessed  
9 that.

10 Q Well, there's a big difference when he was  
11 standing there and what really happened was two officers  
12 threw him on a bench and said, "Set your ass right  
13 there." That's pretty different stories, right?

14 A Right.

15 MR. YOUNG: Object to the form.

16 BY MR. HAMMONS:

17 Q And this statement was given literally on the  
18 day this happened, true?

19 A Oh, Clayton Rickert's statement, yeah.

20 Q And then he says, this is the one that is  
21 confusing to me, he says, "He's able to follow  
22 instructions," and you've been saying he's  
23 uncooperative. Here Clayton Rickert's says he's  
24 following instructions. Which is it?

25 A I don't know. I don't know. All I know from

1 his testimony is that he was confused at that point.

2 Q Clayton Rickert was confused?

3 A That's what he testified to in his deposition.

4 Q Yeah, and I don't think it's inconsistent.

5 Marconia was able to set on the bench as he was  
6 instructed to, true?

7 A Right.

8 Q They said, "Sit your ass on the bench," and he  
9 sat there, true?

10 A Right.

11 Q Now, they did ask him his size of shoe and cut  
12 him off. He couldn't answer that, probably didn't care  
13 what size of shoe he was wearing at the time, but he was  
14 asked that question and I guess that's one thing he  
15 didn't follow instructions on. He didn't say what size  
16 of shoe he's wearing, true?

17 A Right, I think --

18 MR. YOUNG: Object to the form.

19 THE WITNESS: -- I think one of the officers  
20 decided what size shoe he was wearing.

21 BY MR. HAMMONS:

22 Q And then the officer several times told him  
23 to -- they motioned at him, they hushed him, and he  
24 would shut up at that point, stop his attempt to  
25 communicate, true?

1 MR. YOUNG: Object to the form.

2 MR. LAFFERRANDRE: Object to the form.

3 THE WITNESS: I guess that's following  
4 directions.

5 BY MR. HAMMONS:

6 Q Right. He seems to be following instructions,  
7 true?

8 A Right.

9 Q He doesn't seem uncooperative at all to me. Is  
10 your take he was uncooperative or cooperative?

11 A That's what, I believe, they were all told on  
12 arrival to the jail, that they were coming in with an  
13 uncooperative inmate.

14 Q And up to this point, he seems to be very  
15 cooperative, he hasn't disobeyed one thing that they've  
16 said, true?

17 MR. YOUNG: Object to the form.

18 THE WITNESS: It was a chaotic situation. It  
19 wasn't the best setting to do a medical screening. I  
20 can see why the medical screening was delayed for a  
21 couple of hours until he could calm down.

22 BY MR. HAMMONS:

23 Q He didn't calm down, though, he died.

24 A He died.

25 Q Here it says -- in your report, you note

1 A Yes.

2 Q We're to the point where you cite -- we went  
3 kind of over this earlier. You cite the NCCHC  
4 standards, the jail standards and Turn Key's policies  
5 regarding screenings, true?

6 A Uh-huh.

7 Q And you would agree with me there wasn't a  
8 screening actually accomplished in this case, true?

9 MR. YOUNG: Object to the form.

10 THE WITNESS: There was not a full screening  
11 done, and I think I cited Dr. Cooper's testimony that  
12 the intake health screening generally takes place after  
13 the inmate has been booked in and Mr. Kessee hadn't been  
14 booked in.

15 BY MR. HAMMONS:

16 Q So you're relying on Dr. Cooper who says that's  
17 reasonable -- he testified that it's reasonable Nurse  
18 Rickert -- I'm sorry, this is what he said. He said  
19 it's reasonable of Nurse Rickert to take the word of the  
20 officer, I'm sorry.

21 A Right.

22 Q So Dr. Cooper, the corporate rep for Turn Key,  
23 said it was reasonable to do that. That's one of the  
24 bases for your opinion that it was reasonable, true?

25 A It was reasonable based on my experience in a